

PLUMBING CONTRACTOR PERMIT AFFIDAVIT NEWTON COUNTY

License No: _____ Date: _____ Permit No: _____

Plumbing Contractor: _____

_____ Address _____ Phone Number _____

_____ City _____ State _____ Zip Code _____

_____ Project Address or Location _____

_____ Owner _____

_____ General Contractor _____

I AFFIRM THAT THE INFORMATION CONTAINED IN THE COMPLETED AFFIDAVIT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. I FULLY UNDERSTAND THAT ANY VARIATION OR FALSE STATEMENTS MADE IN THIS AFFIDAVIT SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT AND CREATE THE POTENTIAL FOR LEGAL ACTION.

Signature/General Contractor **[**TO BE SIGNED BY LICENSE HOLDER ONLY**]**

SEAL:
Subscribed and sworn to before me this _____ day of _____ .
DAY MONTH YEAR

My commission expires: _____

SIGNATURE/NOTARY PUBLIC